INFORMATION ONLY





ii bescribe wire is requesting intermation	1.	Describe	who is	requesting	g information
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1. Describe who is requesting information						
Community Partner Father Friend/Neighbor Foster-Parent Grandparent Characteristics How did caller hear about HC	Health Care Provider Mother Other Relative Sibling Step-Parent P? (select as many as apply)	☐ Don't Know/Not Sure ☐ Refused ☐ Didn't Ask ☐ Other,				
□ 211 □ BIAC □ Brochure □ Board of Community Education Services (BOCES) □ CICP □ CHP+ □ Community Center Boards □ Community Partner □ Family Member □ Family Voices □ Friend □ HCP Specialty Clinic	Healthy Communities Hospital – Children's Hospital Hospital - Other Human Services Individual Services Support Team Medical Provider – Primary Medical Provider – Specialty Mental/Behavioral Health NICU Other Public Health Program Previous HCP Care Coordination Client Public Health Department RCCO/RAE	□ School □ Specialty Provider (i.e. OT, PT, speech) □ Support Group Services □ Website – CDPHE □ Website – LPHA □ Website – Other □ WIC □ Work □ Refused □ Didn't Ask □ Other,				
3. Information requested in:4. Describe information requeste	☐ English ☐ Spanish ed by caller (select as many as ap	Other Language,				
□ Adult Education □ Audiology □ Child Care □ Community Services □ Dental □ Developmental Screening □ Early Intervention □ Emotional Support □ Employment □ Family Leadership □ Financial Assistance □ HCP Care Coordination □ HCP Specialty Clinic □ Head Start □ Home Health Services	□ Hospital – Children's Hospital □ Hospital - Other □ Housing □ Insurance □ Legal Issues □ Medical Provider – Specialty □ Medical Supplies □ Medication □ Mental/Behavioral Health □ Nutrition/Dietary □ Other Public Health Services □ Parent Education □ Parent Support □ Primary Care/Medical Home	RCCO/RAE Recreational Activities Referral to Other County/Agency Respite School Specialty Care Support Group Services – All Therapy – Occupational Therapy – Physical Therapy – Speech Transition Transportation Vision Other,				

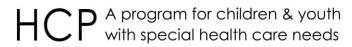
INFORMATION ONLY





5. Age of child (select only one)							
O up to 3 years	to 5 years	☐ 5 up to 18 years	☐ 18 up to 21 years				
6. Describe information given to	Describe information given to caller (select as many as apply)						
Adult Education Audiology Child Care Community Services Dental Developmental Screening Early Intervention Emotional Support Employment Family Leadership Financial Assistance HCP Care Coordination HCP Specialty Clinic Head Start Home Health Services 7. Time spent on 'Information On up:		der – Specialty ies ioral Health iry lealth Services ion t Medical Home	RCCO/RAE Recreational Activities Referral to Other County/Agency Respite School Specialty Care Support Group Services – All Therapy – Occupational Therapy – Physical Therapy – Speech Transition Transportation Vision Other,				
☐ 15 minutes ☐ 30 minutes ☐ 45 minutes	60 minutes 1 hour 15 minu 1 hour 30 minu		☐ 1 hour 45 minutes☐ 2 hours				
INFORMATION ONLY PROCESS:							
Interviewer Name & Title:	Method o	f Contact:	Interview Type:				
Date of Interview:	□ E-mail □ Home Visit □ Office Visit	☐ Other	☐ Incoming Call (Community Initiated)☐ Community Outreach/Education				
Reviewed By (Name & Title):		Date of Review:					
Proceed to Intake Interview:	☐ Yes	□ No					

INFORMATION ONLY





ADDITIONAL INFORMATION [collect if applicable]

Client Information:			
Client Name:			
Gender:			
Birth Date:			
Contact Information:			
Phone: ()		Туре:	_ Check if preferred
()		Туре:	_ Check if preferred
E-Mail:	@		Check if preferred
Name:			
Address Information:			
Street:			
City:			
State:	Zip:		
County:			
Additional Information:			
Notes:			